



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Hanover | *See Notes at End of Report.

Hanover	Number Of Crashes						Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
WEATHER CONDITION											
Clear	6	0	1	5	11	0	2	2	0	0	6
Rain	1	0	1	0	1	0	2	2	0	0	0
Severe Cross Wind	1	0	0	1	1	0	0	0	0	0	1
TOTALS	8	0	2	6	13	0	4	4	0	0	7
TYPE OF CRASH											
Fixed Object	2	0	1	1	2	0	2	2	0	0	1
Other Object	1	0	0	1	1	0	0	0	0	0	1
Parked Motor Vehicle	3	0	0	3	6	0	0	0	0	0	3
Rear End	1	0	0	1	2	0	0	0	0	0	2
Sideswipe Same Direction	1	0	1	0	2	0	2	2	0	0	0
TOTALS	8	0	2	6	13	0	4	4	0	0	7



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Hanover	Number Of Crashes							Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
CLASS OF CITY												
0 TO 2,500	8	0	2	6	13	0	4	4	0	0	7	
TOTALS	8	0	2	6	13	0	4	4	0	0	7	
ROAD SURFACE CONDITION												
Dry	5	0	1	4	9	0	2	2	0	0	4	
Unknown	1	0	0	1	1	0	0	0	0	0	1	
Wet	2	0	1	1	3	0	2	2	0	0	2	
TOTALS	8	0	2	6	13	0	4	4	0	0	7	



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		Fatal	Injury	Property Damage	Killed		Injured	A	B	C	O	
CLASS OF TRAFFICWAY												
County & Local Roads Rural		6	0	0	6	10	0	0	0	0	0	7
State Numbered Rural		2	0	2	0	3	0	4	4	0	0	0
TOTALS		8	0	2	6	13	0	4	4	0	0	7
DAY OF WEEK												
Sunday		1	0	1	0	1	0	2	2	0	0	0
Monday		3	0	1	2	5	0	2	2	0	0	2
Thursday		4	0	0	4	7	0	0	0	0	0	5
TOTALS		8	0	2	6	13	0	4	4	0	0	7



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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
TIME OF DAY												
01 AM	1	0	0	1	1	0	0	0	0	0	0	1
02 AM	1	0	0	1	2	0	0	0	0	0	0	1
07 AM	2	0	1	1	3	0	2	2	0	0	0	1
11 AM	1	0	0	1	2	0	0	0	0	0	0	2
Noon	2	0	1	1	3	0	2	2	0	0	0	1
5 PM	1	0	0	1	2	0	0	0	0	0	0	1
TOTALS	8	0	2	6	13	0	4	4	0	0	0	7



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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
LIGHT CONDITION											
Darkness	2	0	0	2	3	0	0	0	0	0	2
Darkness, Lighted Road	1	0	0	1	2	0	0	0	0	0	1
Daylight	4	0	2	2	7	0	4	4	0	0	3
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	8	0	2	6	13	0	4	4	0	0	7
ROAD DEFECTS											
No Defects	7	0	2	5	12	0	4	4	0	0	6
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	8	0	2	6	13	0	4	4	0	0	7



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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
TRAFFIC CONTROL												
Lane Use Marking	1	0	1	0	1	0	2	2	0	0	0	
No Controls	4	0	0	4	7	0	0	0	0	0	5	
Other	1	0	0	1	2	0	0	0	0	0	1	
Stop Sign/Flasher	1	0	1	0	2	0	2	2	0	0	0	
Unknown	1	0	0	1	1	0	0	0	0	0	1	
TOTALS	8	0	2	6	13	0	4	4	0	0	7	
ROADWAY FEATURE												
Bridge	2	0	2	0	3	0	4	4	0	0	0	
Not Applicable	6	0	0	6	10	0	0	0	0	0	7	
TOTALS	8	0	2	6	13	0	4	4	0	0	7	



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Hanover	Number Of Persons						Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER CONDITION											
Had Been Drinking	1	0	0	1	1	0	0	0	0	0	1
Normal	5	0	2	3	5	0	2	2	0	0	3
Other	1	0	0	1	1	0	0	0	0	0	1
Other/Unknown	3	0	1	2	3	0	1	1	0	0	2
TOTALS	10	0	3	7	10	0	3	3	0	0	7



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Hanover		Number Of Persons						Injury Severity				
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
22-24												
	Female	1	0	0	1	1	0	0	0	0	0	1
	Male	1	0	0	1	1	0	0	0	0	0	1
25-29												
	Female	1	0	0	1	1	0	0	0	0	0	1
40-44												
	Male	1	0	1	0	1	0	1	1	0	0	0
45-49												
	Female	1	0	0	1	1	0	0	0	0	0	1
50-54												
	Male	1	0	0	1	1	0	0	0	0	0	1
65-69												
	Female	1	0	1	0	1	0	1	1	0	0	0
75-79												
	Male	1	0	0	1	1	0	0	0	0	0	1
90-94												
	Female	1	0	1	0	1	0	1	1	0	0	0
Unknown												
	Not Stated	1	0	0	1	1	0	0	0	0	0	1
TOTALS		10	0	3	7	10	0	3	3	0	0	7



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Hanover	Number Of Persons							Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
PASSENGER AGE/GENDER												
35-39												
	Female	1	0	1	0	1	0	1	1	0	0	0
TOTALS		1	0	1	0	1	0	1	1	0	0	0



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	Number Of Persons				Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury						A	B	C	O
PEDALCYCLIST AGE/GENDER												

Hanover	Number Of Vehicles				Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury						A	B	C	O
VEHICLE DEFECTS												
None	7	0	2	5	7	0	2	2	0	0	5	
Unknown	6	0	1	5	6	0	2	2	0	0	2	
TOTALS	13	0	3	10	13	0	4	4	0	0	7	
VEHICLE TYPE												
Passenger	6	0	1	5	6	0	1	1	0	0	3	
Pickup	4	0	1	3	4	0	2	2	0	0	2	
SUV	3	0	1	2	3	0	1	1	0	0	2	
TOTALS	13	0	3	10	13	0	4	4	0	0	7	

Notes

Calendar data selections include data based on the date of the crash. Year selections include data based on the Statistical year in which the crash was processed